



## SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

### COMMUNITY FIRST CHOICE Policy Manual

### Section: FORMS

### Subject: Recertification Internal Review Worksheet (SLTC-245)

### PURPOSE

The Recertification Internal Review Worksheet is a form developed for the provider agency to use to document the results of the member chart review. Every agency is required to use the Recertification Internal Review Worksheet (SLTC-245) for each member in the agency's Recertification Review Sample. Refer to CFC/PAS 610 instructions for how to determine the Recertification Review Sample.

### INSTRUCTIONS

Every member in the Recertification Review Sample must be reviewed for the following criteria:

1. Recertification Form with signatures: Determine whether the member chart contains a Recertification Form (SLTC-210) completed between July-December and that it is signed by the member and nurse supervisor. If the chart does not contain the form or required signatures, the criteria is unmet.
2. Recertification Form includes correct authorized units from Service Plan: Review the Recertification Form completed between July-December to determine whether units/hours are recorded on the line for "authorized units". Next, refer back to the Service Plan (SLTC-170) that was in place when the Recertification Form was completed and determine whether the same "authorized units" are indicated on the Service Plan. If the authorized units are not completed on the Recertification Form, or the units are not the same as indicated on the Service Plan, the criteria is unmet.
3. Recertification Form includes correct utilization from review of SDR: Review the Recertification Form completed between July-December to determine whether units/hours are recorded on the line for "utilization". Next, refer back to the Service Delivery Records (SDR) for at least a two month period of time prior to when the Recertification Form was completed and determine whether the utilization that is recorded on the form is accurate. If the utilized units are not indicated on the Recertification Form, or the units are not the same as indicated in the

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review of SDR, the criteria is unmet.

4. Recertification visit occurred within six months of intake or annual: Review the date the Recertification Form was signed. Review the member chart and find the date the previous Recertification Form was completed. If the recertification visit did not occur within the sixth month from the month of the previous visit, the criteria is unmet.
5. Current PCP Form with signatures: Determine whether the member chart contains a current PCP Form (SLTC-200). A PCP form is current if it was completed in the last 12 months. If the chart does not contain a current PCP form, the criteria is unmet
6. The following should be reviewed if the agency acted as the Plan Facilitator and completed the PCP Form:
  - a. PCP Form contains member information in every box: Determine whether the form contains member-specific information in every box of the form. If there is a box that does not contain member specific information, the criteria is unmet. If the agency was not the Plan Facilitator mark n/a.
7. Current Service Plan with signatures: Determine whether the member chart contains a current Service Plan (SLTC-170) and that it is signed and dated by the member, nurse supervisor and plan facilitator. A Service Plan is current if it was completed in the last 12 months. If chart does not contain a current Service Plan or the Service Plan does not contain the required signatures, the criteria is unmet.
8. Current Service Plan documents ADL/IADL tasks and ADL frequency: Review the member's current Service Plan Schedule to ensure that activities of daily living (ADL) and Instrumental Activities of Daily Living (IADL) are listed and assigned a frequency. If ADL/IADL tasks are not listed and/or the frequency for the ADL tasks are not listed, the criteria is unmet.
9. Flexibility parameters implemented according to policy: Review all of the member's Service Plan and the MPQH Service Profile that was current on the date the member's current Service Plan was completed. Determine whether the frequency of ADL tasks on the member Service Profile is the same as the ADL frequency on the member Service Plan. If the frequency is not the same, determine whether there is documentation to support the flexibility parameters that were implemented. If there is no documentation addressing the flexibility parameters, the criteria is unmet.

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10. The following should be reviewed when a temporary authorization/amendment is completed as a result of a change in service need:
  - a. Temporary authorization completed when change occurs: Review the member file for the completion of a temporary authorization between July-December. If a temporary authorization was completed, review the Service Plan to determine whether the temporary authorization section of the Service Plan has been completed. The section must include:
    - i. Box marked indicating the type of change;
    - ii. Start date and end date;
    - iii. Total time in units of the change; and
    - iv. Description of the change to ADL and IADL tasks.
  - b. If any of the sections of the temporary authorization listed above (1-4) are not completed, the criteria is unmet. If the start date and end date is greater than 28 days, the criteria is unmet. If a temporary authorization was not completed mark n/a.
11. Implement a new Service Plan within 10 working days after receive MPQH amendment to profile: Review all temporary authorizations that were faxed to MPQH for an amendment. Review the file to determine whether a new Service Plan was completed within 10 working days of receiving the amended Service Profile from MPQH. If a new Service Plan was not completed within 10 working days, the criteria is unmet. If an amendment was not completed mark n/a.
 

➤NOTE: If the MPQH amendment was for a decrease in hours and the agency did not implement the decrease in hours the agency must complete a repayment for the units billed above the MPQH amendment authorization. The documentation for the repayment must be included in the agency SMART goals.
12. For each of the criteria outlined above (1-11) the provider agency must record an “x” in one of the following boxes:
  - a. N/A: If the criteria is not applicable indicate an “x” in the box;

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- b. Met: If the criteria is met indicate an "x" for the box;
- c. Unmet: If the criteria is not met indicate an "x" in the box.
- d. Date Completed or Date Span: Indicate the date the form was completed or the span referenced on the form.
- e. Comments: Provide additional comments.